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PLACE OF DEATH County Cert	STATE OF MARYLAND CERTIFICATE OF DEATH
myrnin gowedne	Registration Dist. No.
Village or City Chelon (No. llne	or tropilal St .: Ward) a hospital or institu-
2FULL NAME Still bu	the Berror stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 20 6, 192/ (Month) (Day) (Year)
6 DATE OF BIRTH New 16, 1931	17 1 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than 1 day 0 hrs. ds. or 0 min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Twin Preguence
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLATE (State or country) Ceril G. 2nd.	Contributory Secondary (Duration) yrs
10 NAME OF Stanley H. Benson	(Signed) Herbert Solo M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Cecilia Green	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Then Stanley It Bearing	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 15 Filed N/ /2 1921 Dennell Registron	Bether Cemetery Mr 17, 1931 20 UNDERTAKER HOLDER STATE ADDRESS Elkton Mi
If more banks are needed, address thate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census : nd American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of octired 6 yrs). er," etc., without more present an ine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Sulesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, (t. 1511 11 many cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e g.. Farmer or Planter, tion applies to e ch and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed household only (not raid Housekeepers who receive a Foremon, (b) For many occupations a single word or te:m cn For persons who have no occupation Automobile factory. The material Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted team for the same dise sea. Examples: Cerebrospinal feer (the only definite synonym is "Epidemi cerebrosinal meningitis", ; Dinhlheria (avoid use of "Croup"); Ty, hold feer (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Ifacmorrhage,"
"Inantition," "Marasmus," "Old Agc," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic volvular heart diseose; Chronic interstitial nephritis, etc. The contributory telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all (secondar/ or intercurrent) affection need not be corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia, "" "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilway train-"Atrophy." "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU., Y

If this certificate is looked over thoroughly and all qu stions and vered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Lexlori (No. Mucon	Registration Dist. No. 92
Village or City (No. Mucon 2FULL NAME Stell bird	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 757 (6 , 198) (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
nor 16, 1931	
(Month) (Day) (Year) 7 AGE If LESS than I day O hrs.	
B OCCUPATION	
(a) I rade, profession or particular kind of work	Juni Preguena
(b) General nature of industry business, or establishment in	(Durstion)
9 BIRTHPLACE (State or country) Coul G. 201.	Contributory Secondary (Durstion)
10 NAME OF Stanley H. Bernon	(Signed) Herbert Balo M. D. 11/16 1931 (Address) Elklor Und
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cechia Green	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
19 BIRTHPLACE OF MOTHER (State of Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	th not at place of dea.h?
(Informant) May Stanley H. Bennon	usual residence
(Address) Ches Ril- End	Bethel Country nor 17, 1931
15 Filed / 17 1921 J. Dents Bush	20 UNDERTAKER 24 W. Pippin Elkton Mo
If more banks are needed, addre.a Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census : nd American Fublic Health / sscciation.)

fulness of various pursuits can be known. The questired 6 yrs). Spinner, (b) Collon mill; (a) Sulcsman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (c) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Tlanler, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation -Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial emplo; ments, it is neces-Civil engineer, tion applies to e ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook household only (not raid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or te:m cn For persons who have no occupation Stationary fireman, et. Bit in many

Strtement of Cause of Death—Name, first, the DISEA I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal feach the only definite synonym is "Epidemiz cerebrosimal intendication"); Linktheria (avoid use of "Croup"); Ty, and feer (never report "Typhoid Pneumonia"); Lolumeumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Hiaemorrhage," causing death), 29 ds.; Bronchopncumonia (sccomdary), (secondar/ or intercurrent) affection need not be st ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"E haustion," "Heart failure," "Ifaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite dizease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERFERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

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NT CORD	stated EXACTLY, PHYSI properly classified. Exact of certificate.
WRITE PLANT WITH UNFADING INK-THIS IS A PERM ENT CORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exactitatement of OCCUPATION is very important. See instructions on back of certificater.
NE TWITH UNFADING	information should be careful to the careful to the CAUSE OF DEATH IN I
WRITE PL	CIANS should statement of OC

PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 94
Village or City North Last (No. RAK) 2FULL NAME Rachel M. Biddle	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) Married	16 DATE OF DEATH **NOV.12.1931***, 192 (Month) (Day) (Year)
December 4th, 1860 (Month) (Day) (Year)	If HEREBY CERTIFY, That I attended the deceased from Nov. 11, 1931 192 to Nov 12, 1931 192 that I last saw h. ep. alive on Nov. 12, 1931 192 1931 192 1931 192 1931 192 1931 1931
7 AGE If LESS than dayhrs. or	and that death occurred on the date stated above, at 1.20 am. The CAUSE OF DEATH * was as follows: Cerebral Embolus
(a) Trade, profession or Housewife (b) General nature of industry business, or establishment in	(Duration) yte mos de
which employed or (employer) 9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yts mos de.
10 NAME OF FATHER Abel Davis	(Signed) How Last, Md.
OF FATHER Z (State or country) TRAZE. Maryland.	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
op Mother Margaret Mayham 13 BIRTHPLACE	18 LUNGTH OF RUSIDENCE (For liespitals, Institutions, Trans- ients or Recent Residents) At place In the
OF MOTHER (State or Country) Penna. 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of deah?
(Informant) Score Bidale	Former or usual residence
(Address) noul East HA	TO SUPPLIED THE COUNTY NO. 6 /5 , 193/
Filed Ports 1981 Lee U. Cellus Registras	Joseph of Thank Mouth East med

If more b.anks are needed, addre.s : tate Negistrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; laborer, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," ete., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oewhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Flanter, sician, Compositor, Archited, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,");

> tetanus) may be stated under the head of "eontributory." (Recommendations on statement of eause of death American Medical Association.) atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorthage," "Inamition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenelature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; nephritis, etc. The contributory

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	2F	OLL NAME		,	***************************************	Ca
	PERSO	ONAL AND	STATISTI	CAL PARTIC	CULARS	(
3 8	SEX	4 COLOR	of RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORC (Write the wo	En Seug	le DATE
6 1	DATE OF B	HATH Ha	rente	v 26	, 19	3/ that I la
7 A	AGE		(Month)	(Day)	If LESS	than and that
S la	articular k b) General	profession or ind of work nature of ine	dustry	Mos.	ds. or n	
Sp (IP)	a) Trade, particular k b) General usiness, or	profession or ind of work nature of ine establishmen oyed or (empl	dustry t in	Mos. Man	. 1	
Ja (lp	a) Trade, sarticular k b) General usiness, or which empl SIRTHPLAC (State or 10 NAME FATHE	profession or cind of work nature of in- establishmen oyed or (empl country)	dustry t in	eland.	. 1	min.?(
ENTS	a) Trade, articular k b) General usiness, or which empl BIRTHPLAC (State or 10 NAME FATHE 11 BIRTH OF FA	profession or cind of work nature of incestablishmen oyed or (employed or (employed or (employed or country)	dustry t in	eland.	. 1	Contr Seco (Signed)
D STN	a) Trade, articular k b) General usiness, or which empl BIRTHPLAC (State or 10 NAME FATHE 11 BIRTH OF FA' (State	on profession or cind of work nature of incestablishmen oyed or (employed or (employed or country) OF CE R CLL PLACE THER OF COUNTRY) EN NAME COUNTRY THER	Mary Le and	eland.	. 1	Contr Seco (Signed) *S Violent Accident Lang Tents At place
PARENTS	a) Trade, articular k b) General k b) General k constant in the series of the series o	on profession or profession of work, nature of incestablishmen oyed or (employed or	Mary Pary Mary Mary Mary	eland.	lay	Controseco (Signed)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration L	18t. No fanglige
Heefeltst. Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and
	marum how

16 DATE OF DEATH	renter	, 26		192	,
·	(Month)	Day)	(Year	r)
- 0/	ERTIFY, Tha	t I attend	ed the d	eceased i	rom
	193 to			, 197	}l
that I last saw br	dive on	NO	, 16	192	
and that death occurred	on the date	stated abo	ve, at/	1.53	m.
The CAUSE OF DEATH	* was as follo	ws:	//	A	•
Ω			10	4/	
	1	8	Bul	h	9
Lusa	He was				
43			۸/	-	
0000-00000000000000000000000000000000	(Duration)y	rs1	nos	ds.
Contributory					
Secondary				****************	
	1 Deration) v	18/	205	ds.
0	19/1/1	/		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Signed)		me	S	N	И. D.
192 [/	(Address)	96	ul		" SE
		Danth	, in de	aths from	7
*State the Pisca Violent Causes, state Accidental, Suicidal or	(1) Means Homicidal.	of Injury) Whether	
LENGTH OF RESH	DENCE (For	Hospitals	Institu	tions, 1	r. na-
ients or Recent Resid	lents)				
At place of deathyrsmos.	ds.	In the State	yrs	mos	ds,
Where was disease contract it not at place of dea h?	ted,	••••			*****
Former or usual residence					*******
19 PLACE OF BURIAL	OR REMOVAL		DATE OF	BURIA	L
				. 19	

ADDRESS

If more banks are needed, addre. s Ltate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census: nd American Fublic Health / ss. ciation.)

tired 6 yrs). should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Sulesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to knew (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et . But in many the fire will be sufficient, e g., Farmer or Flanter, tion applies to e ch and every person, irrespective cf cupation is very im ortant, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physici , Com, osilor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term cn For persons who have no occupation Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEA SCAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrose in meningitis"); Lightheria (avoid use of "Croup"); Ty, and feer (never report "Typhoid Pneumonia"); Lobus preumonia, Bronchopneumonia ("Pneumonia,"

"E.haustion," "Heart failure," liaemorniage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collabse," "Com2," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E haustion," "Heart failure," "Haemorrhage," st ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." diseases resulting from childbuth or miscarriage as "PUCRPERAL septicaemia," "PUERTERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on carbolic acid—probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For viclent deaths state means of injury and qualify as accidental, suicidal of homicidal, State cause for which surgi-al operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

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V.S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
State UPA-	1. PLACE OF DEATH	2) 9/10	
OCC	County Cecil	Registration Dist. No.	
-	Village or City near Port Deposit, met.	No. St., Ward	
0	(If	death occurred in a horpital or institution, give its NAME instead of street and number)	
ent	Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreIgn birth? yrs mos ds.	
YSICIANS	2. FULL NAME Junes Mared For	eller	
YSI	(a) Residence: No. N. F. D. Nowlandswille, M. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Y. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR PIVORCED (write the word)	21. DATE OF DEATH Nov 9 193/	
T L ed.	5a. If married, widowed, or divorced	(Month) (Døy) (Year)	
A C 7 assifie	HUSBAND of (or) WIFE of Gracie Ware Coulter	22. I HEREBY CERTIFY, That I attended deceased from	
Z .	6. DATE OF BIRTH (month, day, and year) Cepril 6. 1886	i lest saw h alive on, 19; death is said	
d]	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
stated E properly certificate	45 7 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	
	8. Trede, profession, or particular kind of work done, as SPINNER, Lander for	Q	
be pe	SAWYER, BOOKKEEPER, etc.	Suffication "1/9/3	1
may back	9. Industry or business in which work was done, as SILK MILL Sand Bravel Guary SAW MILL, BANK, etc		
sh it	U 10. Date deceased last worked et // 9/3/ 11. Totel time (yeers) spent in this occupation (month and	A A, L,	
	this occupation (month and "/ 9/31 spent in this 2 mo. occupation	Other Contributory Causes of importance	
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Greenbreen County	I Althur Traser Course	1
ied. ns, s struc	(Stete or country) W. Va.,	J. W. Corolly	
pplio erm inst	13. NAME Charles Henry Coulter		
supplin teri	13. NAME Charles Nemy Coulter 14. BIRTHPLACE (city or town) Grewbie County	Name of operation Dete of	
13	(State of country)	Whet test confirmed diagnosis? Wes there an autopsy?	-
carefully III in pla ortant.	15. MAIDEN NAME Virginia Perry 16. BIRTHPLACE (city or town) Greenbrein County	23. If death was due to external causes (VIOLENCE) fill in also the following:	
CH	(State or country)	Accident, suicide, or homicide? Accident Date of injury 100 9 19 3/	*
ld be careful DEATH in p y important.	(State of County)	Where did injury occur? Med fort Deposit Mid (Specify city or fown, county and State)	
	(Address) P. F. S. Rowlandsville Med.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	-
***	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Fell in hopper of washer god	1
_ 图·音	Placemorarle, a Date MOV, J, 19 3/	Nature of injury covered with sand for two hours	1
mation s CAUSE TION is	19. UNDERTAKAR LES a. Catterson	24. Was disease or injury in any way related to occupation of deceased?	-
7	(Address) (Annual Market)	If so, specify	-
1	20. FILED ///// 19/3/ L. J. Handers	(Address)	
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	-	Example II	
The principal cause of deat of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC 3 1944	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V	July5,1927	Peritonitis	3 days ago
	and the second s			
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state IS A PERMANENT RECORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

certificate.

Jo

See instructions on back

is very important.

TION

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 13019
1. PLACE OF DEATH	
County Cecil	Registration Dist. No.
0.0	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred the yes mos.	ds. How long in U.S. if of foreign birth?mos ds.
2. FULL NAME Liggie Salma Clark	Dean-
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. SEX 4. COLOR OR RACE OR DIVORCED (write the Mord) Name of Market	21. DATE OF DEATH Nov 4, 193/ (Month) (Day) (Year)
5a. If married, widowed, or divorced . HUSBAND of 1st. William Barwick (or) WIFE of 2nd. Isaac M. Dean	22. I HEREBY CERTIFY, That I attended deceased from , 19 , 19
6. DATE OF BIRTH (month, day, and year) January 11, 1861	I last şaw h ; death is acid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
70 9 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	From family history and consultations with a physician the probable
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	Tours dead at home (alone).
12. BIRTHPLACE (city or town) Chesapeake City (State or country)	Other Contributory Cames of importance: Diabetes Aucestigates
13. NAME John Clark	All Hages Corner
13. NAME John Clark 14. BIRTHPLACE (city or town) St. many's County Ind. (State or country)	Name of operation
15. MAIDEN NAME Harriet R. Colmany	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Harriet R. Colmary 16. BIRTHPLACE (city or town) Ceril County Ind. (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Miss felice G. H. Clark (Address) Gresapeake City and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dethel Cerusty Date Nov 8, 1931	Manner of injury
19. UNDERTAKER 24. W. Pippiu (Address) Elkton mid	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED NOV: 6 , 1931 B. Howard Brown Registrar.	(Signed)M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

chould be stated EXACTLY, PHYSI-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PR CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDIN FOR K WITH UNFADING INK--THIS IS MARGIN RESERVED

S. No. 1

N. B.-

PLACE OF DEATH	13020
0 . 0	STATE OF MARYLAND
County Ceul	CERTIFICATE OF DEATH
00 10	Registration Dist. No. 97
Village or City Near Union (No.	St.: Ward) (If death occurred in
	ward) a hospital or institution, give its NAME is stead of street an
2FULL NAME UMG YVI, Def	sulu steed of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILLIAM	16 DATE OF DEATH
WIDOWED, OR DIVORCED	192,
DATE OF BIRTH (Write the word)	(Month) (Day) (Year)
PARE OF BIRTH	Mance to
sepr 11, 1849	192/10/1/2
(Month) (Day) (Year)'	that I last saw h Aprile on N N 192
7 AGE If LESS than I day, hrs.	The state of the s
yrs. 2 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
A OCCUPATION	Police many news or lot
(a) Trade, profession or particular kind of work	Julian Julian
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)de
9 BIRTHPLACE	Contributory
. (State or country) Jeuna	(Dulation) vra med
10 NAME OF PATHER	(Signed) and Handle M. D.
John forland	11 11:001
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths' from
	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER A A A A A A A A A A A A A A A A A A A	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place In the of death yrs mos, ds. State yrs ds.
(State or Country).	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Chas Jackson	usual residence
Childs med R10	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) VUIV / III	north Cash Md. 11/1 Cut how 10, 193/
15 Filed Nov 19 1923/ fram frages	20 UNDERTAKER ADDRESS
Registrar	To Sept Toward hart Court

if more blanks are needed, address State Registrar, 16 W. Sar toga St., Balte, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Furmer (re-Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the rise Ease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The n ture of the injury, setanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tunnor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar) or intercurrent) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Recommendations on statement of cause of Examples: Aecidentul drowning; Struck by railway train-Chronie interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronie etc. The contributory affection need valvular heart discase; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

S No. 1

	PLACE OF DEATH	
	County Cil	PE
	County	
Vill	lage or City Union Hoxysital Ell	હ
	2 FULL NAME Edward Don	a
	PERSONAL AND STATISTICAL PARTICULARS	
3 \$	MALE BLACK SINGLE, MARRIED, SINGLE WIDOWED, OR DIVORCED (Write the word)	16
6 D	DATE OF BIRTH	17
	FEBURARY 16, 1906 (Month) (Day) (Year)	tha
7 A	If LESS than	and
9	25 yrs. 5 mos. 12 ds. or min.?	The
1 1 (2	a) Trade, profession or Day Labore	
P	articular kind of work	/
bi	wines as establishment in	in
9 8	SIRTHPLACE (State or country) MARY LAND	*****
	10 NAME OF FATHER NO information	(Sig
NTS	OF FATHER (State or country) //	1
PARE	12 MAIDEN NAME OF MOTHER ADA HILDRED	18
	13 BIRTHPLACE OF MOTHER (State or Country) hu information	At of o
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if r
	(Informant) Hospital record (Address) September 222	19
15	Filed Nov 13 19231 Frank Frage	20

13021

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and

Registration Dist. No.

Ward)

away		number.)	37
MEDIC	AL CERTIFICATE	OF DEATH	
16 DATE OF DEATH	VEMBER	13,	1931
	(Month) CERTIFY, That I a		
11-180		//-/8	1963
and that death occur		ed above, at (2	05 Gm
The CAUSE OF DEAT		of	0 and
Mari	nati		kecked Censon de.
Contributory Secondary	(Duration)	3 1000 kg/. 1	nosds.
(Signed), 1931	(Address)	100	M. D.
*State the I'Violent Causes, at Accidental, Suicidal	is ase Causing Death ate (1) Means of or Homicidal.	h, or, in der	aths from) Whether
18 LINGTH OF RE		pitals, Institut	ions, Trans-
At place of deathyrs	rected, Pal	ate yrs.	mosds.
Former or usual residence	612	. 9	,,
Port De Po	0	_	15 193/
Lee A Pa	tterson	Benyve	el ml
		-	

If more blanks are needed, addre.s Ltate Megistrar, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census : nd American Fublic Kealth / ss. ciation.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the household only (not faid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of octired 6 yrs). For persons who have no occupation Spinner, (b) Colton mill; (a) Sulesman. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, et . Bit in many the first will be sufficient, e g. Farmer or Flanker, tion applies to e ch and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been clanged work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Physici ::., Compositor, Architect, Locomolive engineer, whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-(b) Automobile factory. The material single word or te:m on (b) Grocery;

Str tement of Cause of Death—Name, first, the Drs. EA I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal feer (the only definite synonym is "Epidemia cerebrospinal meningitis", ; Linhheria 'avoid use of "Croup"); Ty, hold feer (never report "Typhcid Pneumonia"); Ty, hold feer (never report "Typhcid Pneumonia");

(Recommendations on statement of cause of death (secondar) or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E haustion," "Heart failure," "Hamorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERTERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, su has "Asthenia," "Anaemia" (mere! y s; mptomas fracture of skull, and consequences (e. g., sepsis, and quilify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Com2," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

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MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH			1000
County Cecil		Registration	Dist. No. 91
Village or City Chesale	eake ata	No. Do herma cea	e . st. Ward
		death occurred in a hospital or institution, give its NAME	
Length of residence in city or town where		00'	yrsmos ds.
2. FULL NAME Char	les scott E	llerne	
(a) Residence: Np. Brke	mia are.	St., Ward.	g=0=+ 00000p0/s, 1-11
	(Usual place of abode)		give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX Male 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the worl)	21. DATE OF DEATH (Month)) 5 , 193 (Year)
5a. If merried, widowed, or divorced HUSBAND of	1/	22. I HEREBY CERTIF	Y. Thet I attended deceased from
(or) WIFE of Adelside a	sures Ositon Ellios	10/23/3, 193/, to	11/5
Æ.	100 de 160, 27 184	last saw h Accelive on 11/5/	1957; death is said
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months	Devs If LESS than	to have occurred on the dete steted above, et	06, 0 m
88 10	9 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related cause	es of importance
00 10	ormin.	were es follows:	Date of onset
8. Trede, profession, or particuler kind of work done, es SPINNER,	Farmer Feties	o hioning of	11/2 3
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. SINdustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. D. Date deceesed last worked at this occupation (month and	7	alute mores.	lead
work wes done, es SILK MILL. SAW MILL, BANK, etc.	torm	7.0	
D. Date deceesed last worked at	11. Totel time (years)	fullie	
this occupetion (month and year)	spant in this occupetion		
70112	Carlle Count	Other Confibutory Causes of importence:	
12. BIRTHPLACE (city or town) (State or country)	aware	•	
13. NAME Insthan	00 4-7-		
± 0 h	· Carta Count	Name of operation. Zusul	Data of
14, BIRTHPLACE (city or town) (State or country)			Dete of
	(a. L	Whet test confirmed diegnosis?	
15. MAIDEN NAME Section	The state of the s	23. If deeth wes due to externel ceuses (VIOL ENCE) fil	
16. BIRTHPLACE (city or town)	tarete way	Accident, suicide, or homicide?	Dete of injury, 19
(Stete or country)	00 +	Where did injury occur? (Specify city or	town, county and State)
17. INFDRMANT CLE AFE	ale tet 7ad	Specify whether injury occurred in INDUSTRY, in HC	ME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	- 60 -	Menner of injury	
Plece Belle lamele	ry Date 108 8, 193/	Neture of injury	
10 HADESTAKES BY. W. P.	16:	24. Was disease er injury in any way releted to occup	etion of deceased? ZCO
19. UNDERTAKER (Address)	nd.	if so, specify	1
M. M. 1 1 1 1 1	1/2 mad Dance	(Signed) Newy U.	Navy M.
20. FILED MW. 6, 19.3.1.13.2	Registrar.	(Address) Chehakea	he Cet Med

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Example I		Example II		
Example I The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

- 14			

ENT WITH UNFADING INK--THIS IS A PERM WRITE PL

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.-

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	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate-
	EVO	CIA	etal

PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH
COL F	Registration Dist. No. 97
Village or City Elkloy (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME lastend of street and
2FULL NAME / Lews UT & C	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Huite 5 SINGLE, MARRIED, Manuel OR DIVORCED (Write the word)	16 DATE OF DEATH November 29, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH Place 4, 1864 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 27 192 to 100 29, 193/ that I last saw h Limitalive on 100 29, 193/
7 AGE 15 yrs. 7 mos. 25 ds. lfLESS than I day hrs. or min.?	and that death occurred on the date stated above, at 1 9 m The CAUSE OF DEATH * was as follows: Cerebral Hemonians
(a) Trade, profession or Pight Hatchman (b) General nature of industry business, or establishment in which employed or (employer) Sharhler Works	(Duration) yrs. mos. 2 ds
9 BIRTHPLACE (State or country) Pennsylvania	Contributory Secondary (Duration)
10 NAME OF John Folty	(Signed) A. Morrison M. D. Morrison M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Placase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Hand Sure of MOTHER OF MOTHER (State or Country) Pennsylvania	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informati) Sally B. Folto	Former or usual residence
(Address) Elston Mol	Jlasgow Del. Der 3, 1921
15 Filed Nov 30 19231 Fraun Frauer	20 UNDERTAKER ADDRESS Elblin Med,
If more banks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. ho. I.

(Approved by U. S. Census : nd American Fublic Kealth / ss.ciation.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an fulness of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Sulesman. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, et: But in many the first line will be sufficient, e g. Farmer or Flanter, tion applies to e eh and every person, irrespective ef Statement of Occupation -- Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been canged work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or te:m on especially in industrial employments, it is neces-6 Automobile factory. The material (3) Grocery;

Strtement of Cause of Death—Name, first, the Disea and Cause of Death—Name, first, the Disea and Cause of Death—Name, first, the Disea and Cause Consumple and Cause tool, using always the same accepted term for the same disea. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosical meningitis", ; Dinhlheria (avoid use of 'Croup'); Ty, hold four (never report "Typhoid Pneumonia", ; Lot preumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "eontributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Liaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st.ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature carbolic acid-probably suicide. Then ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-tions, su h as "Asthenia," "Anaemia" (mere'y s; mptomeausing death), 29 ds.; Bronchopneumonia (seeo.:dary), (secondar/ or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Com2," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

County	Registration Dist. No. 76
Village or City Porrysille Mid	No
Length of residence in city or town where death occurred	
2. FULL NAME William T. Still	lesfrie
(a) Residence: No. Service (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED write the word) Walt white willowed.	21. DATE OF DEATH Wormler 2 193 31 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WHFE of atherine Lellesfie	22 Oct. 1 HEREBY CERTIFY, That I ettended deceased from 19 3/10 Nov. 2 19 3/
6. DATE OF BIRTH (month, day, and year) afril 4, 1863.	Hast saw ham alive on Nov. 1 ,19.31; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2, 30 Q, m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were 35 follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER Moulder SAWYER, BOOKKEEPER, etc.	Chronic Interstitial
Industry or business in which work was done, as SILK MILL Jove Joundry	Réphritis 1928
10 Oate deceased last worked at this occupation (month 12 7 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Perryvilly (State or country)	Other Contributory Causes of Importance: alvullu 1921
1 11 4 10 00 1	Vicunt Occasi
13. NAME (Felle Lalleger) 14. BIRTHPLACE (city or town) errfyrlle	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Manda Harrio 16. BIRTHPLACE (city or town) Perry Velle (State or Finishry)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country) (State or country)	Where did Injury occur?
17. INFORMANT Selles Se	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMODAL. Julian 18. BURIAL CREMATION OR REMODAL JULIAN 19. 31	Manner of injury
19. UNDERTAKEN Lee a. Pattgison	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILEO 11/4/ 1934 L. F. Lawden	(Signed) (Ferrypelle, Md. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S/No. 1.

V. S. Mo. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and ewn home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

County

			4 3 1. 75
PLACE OF DEATH	14. 6 B	57. 147925	13025

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STATE OF MARYLAND CERTIFICATE OF DEATH

a ·	Registration Dist. No.
Village or City fun (No.	St.: Ward) (If d-ath occurred in
2FULL NAME Corvoline M. Han	vley tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Fonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931. to her , 1931. that I last saw h & alive on her , 1933.
7 AGE 44 yrs. 2 mos. 15 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,nosds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 Castlown 12 Castlown 13 Castlown 14 Castlown 15 Castlown 16 Castlown 17 Castlown 18 Castlown 19 Castlown 10 Castlown 10 Castlown 11 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary (Duration) (Signed) (Signed) (Signed) *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Morth & Rich 13 BIRTHPLACE OF MOTHER (Ntate or Country)	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of desthyrsmosds. Where was disease contracted,
(Informant) Kib Brown	It not at place of dea h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filey / - 9-3/ Registral	20 UNDERTAKER ADDRESS ADDRESS North East Mid
Orum source of a little in the segistrate of the	7, 16 W. Stratoga St., Balto., Requesting V. S. I.o. 1.

No

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> "E:haustion," "Heart failure," "Itaemorrnage, "Shock," "Shock," "Shock," (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The n_ture of the injury, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory Nomenclature of the

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S. No. 1

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PLACE OF DEATH	13026 STATE OF MARYLAND
County Cocil	CERTIFICATE OF DEATH
	Registration Dist. No. 95
Village or City Jun (No.	
2 FULL NAME Mortha Hawle	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Ferral white, (Wite the word)	mon 8 , 193/
6 DATE OF BIRTH	(Month) (Day) (Year)
now 8 1931	Shy bow 192 to 192
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs. hrs. ds. or min.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) VIS. C mos. ds.
10 NAME OF FATHER Herbert Hawley	(Signed) B. Sliew W & Juck . M. D.
OF FATHER	193) (Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Caroline M. Brown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country).	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Herbert Hawley	usual residence
(Address) Fion Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Address	Friends Centery Calvel hid hor 11, 19 31
Thed my miller of Registrar	20 UNDERTAKER ADDRESS
girdinger of growing gran	, 16 W. Sarayoga St., Balto., Requesting V. S. No. 1.
Hrnin- warri 11 9-1931	, S

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from work, Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemoid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material Physicism, Compositor, Architect, Locomotive engineer, etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Form loborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association. (Recommendations on statement of cause of approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondar/ Chronic interstitiol nephritis, etc. The contributory Whooping Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) Chronic affection need valvular heart not disease;

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PLACE OF DEATH	027 STATE OF MARYLAND
County Ceil	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Javi (No	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fund While Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
nov 8, 1931	Dtl +72 192 . to , 192 ,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
yrsds. ormin.?	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 BIRTHPLACE OF MOTHER (State or Country) 15 BIRTHPLACE OF MOTHER (State or Country) 16 Country 17 BIRTHPLACE OF MOTHER (State or Country) 18 BIRTHPLACE OF MOTHER (State or Country) 19 BIRTHPLACE OF MOTHER (State or Country) 10 BIRTHPLACE OF MOTHER (State or Country) 11 BIRTHPLACE OF MOTHER (State or Country) 12 BIRTHPLACE OF MOTHER (State or Country)	(Signed) (Duration) (Duration) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Address) (Address) (State the Pissase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truncients or Recent Residents) At place of death (State (Stat
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des h?
(Informant) Norbert Hawley (Address) Zie Viel 15 Filed J. 193/4	19 PLACE OF BURIAL OR REMOVAL Triends Cerety Clouded how! 1, 19.3/ 20 UNDERTAKER ADDRESS
Perney isones /- 9-19	16W. Sarayoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

cases, especially in industrial employments, it is necestired 6 yrs). For persons who have no occupation laborer, Farm loborer, Loborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Automobile foctory. The material (a) the kind of work and also (b) the Solesman, (b) Grocery;

Streement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accented term for the same dise.se. Examples: Cerebrospinal of fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," (Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death occident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underatic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by roilwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary or intercurrent) affection need not be Whooping American Medical Association.) approved by Committee on Nomenclature Never report mere symptoms or terminal condicough; Chronic etc. valvular heart diseose; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

state UPA.	STATE OF MARYLAND—C	CERTIFICATE OF DEATH
item of should of QCCI	Length of residence in city or town where death occurredyrs,10mos.	Registration Dist. No. 1000 Proceedings of the Process of the Proc
RD.	2. FULL NAME HAWIEY, Semuel T. XC-2C (a) Residence: No. Hinton, W. Va. (Usual place of abode)	St., Ward. If nonresident give city
E PE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
T RE	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced	21. DATE OF DEATH No venber (Month)
ANE CT Ssifted	5a. If merried, widowed, or divorced HUSBAND ot (or) WIFE ot Name not known	22. I HEREBY CERTIFY, Tha January 17 19 31 to Nove
	6. DATE OF BIRTH (month, day, and year) Och. 29 1895	last saw h im alive on November 30
	7. AGE Yeers Months Days It LESS than	to have occurred on the date stated above, at 10:00m.
FOR IS A P stated properlice	36 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of imported as follows:
70	8. Trade, profession, or particular	General Paralysis of the Ins pronounced
NAT COULD Mould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESE NG INI AGE sh that it	10. Date deceased last worked at this occupation (month and year) 1227 11. Total time (years) spent in this occupation 1227	
IN DIN So storic	12. BIRTHPLACE (city or town) Hinton, (State or country) West Virginia	Other Contributory Courses of Importance:
RG VF/ VF/ rms rms nstr	≅ 13. NAME John S. Hawley	
MARGII TH UNFAL y supplied. ain terms, s	13. NAME John S. Hawley 14. BIRTHPLACE (city or town) West Tirginia (State or country)	Name of operation None What test confirmed diagnosis?
F. P. L. C.	15. MAIDEN NAME Elinor M. Lowman, deceased	23. If death was due to external causes (VIOL ENCE) fill in also
INLY, WITTHE BEATH in plaimportant.	15. MAIDEN NAME Elinor M. Lowman, deceased 16. BIRTHPLACE (city or town) West Virginia (State or country)	Accident, suicide, or homicide? Date of i
	17. INFORMANT Hospital records (Address) Perry Point, Md.	(Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or it
E E E	Plece Hinton W. Va. Date 12/1/31 19	Manner of Injury
WRITE mation s CAUSE TION is	To Madreto Miteriell	24. Was disease or injury In any way related to occupation of
S. No.	20. FILED 12/1/31 15 Charles W. Moures and	(Signed) F. E. LUSTIE

V. S. No. 1

13028

	Registration Dist. No. 96
ry Point, Maryland.	MND. Ollland Nosp. St., Ward
n where death occurred yrs,10	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos. 14 ds. How long in U.S. If of foreign birth? —— yrs. —— mos ds.
WIEY, Samuel T. X	C-201 493
nton, W. Va. (Usual place of abode)	St., Ward. If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word DIVORCED)	D, 21. DATE OF DEATH No verber (Month) (Day) (Year)
t known	January 17 19 31, to November 30 1931
nr) OC/. 29 / 895 onths Days It LESS the 1 1 ormin.	his. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NER, Messenger	General Paralysis of the Insane, pronounced 1927
Railroad Company 11. Total time (years) spant in this occupation Hinton, West Virginia	Other Contributory Conses of Importance:
awley	
West Virginia	Name of operation Date of What test confirmed diagnosis? West here an autopsy?_No
r M. Lowman, deceased West Virginia	Accident, suicide, or homicide? Date of injury, 19
tal records. y Point, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Va. Date 12/1/31 10	Manner of Injury —— Neture of injury ——
on Mitchell, Grace, Maryland.	24. Was disease or injury In any way related to occupation of deceased?
carles M. Moures & Represistra	(Address) Medical Officer in Charge
If more blanks are needed, address State Regi	strar, 2411 N. Charles Street, Baltimore, Kequesting V. Perry Point, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation—was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinier, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, milly etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different lands of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer cets. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word imechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between cetail reschants and wholesale merchants. A person who sells goods should be called a salesman and not a clark.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions of any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

MIL .	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial neg	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Allender	~			
Other contributory	causes of importance:		Other contributory causes of importance:	-55737
Gallstones		May 1,1923	Gastroenteritis	1 year
			William Control Control	

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIAN
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V. S. No. 1

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	-Every item of information should be carefully supplied. ACE should be stated EXACTLY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifistatement of OCCUPATION is very important. See instructions on back of certificate.	۱
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	m	
Ý	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifistatement of OCCUPATION is very important. See instructions on back of certificate.	

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PLACE OF	- 0				STATE OF N	
County	eec		122	-0/	CERTIFICATE	OF DEATH
	Porti-	MITRIN ON	179		Registration I	Diet. No. 72
Village or City 2FULL N	AME &	(No	Luca	Laure	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- steed of street and number.)
		The state of the s				
PERSONAL	AND STATIST	ICAL PARTICUL	ARS	MED	CAL CERTIFICATE C	F DEATH
Formale) U	elete	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	med	16 DATE OF DEATH	Movembe	/ 4 , 193 /
6 DATE OF BIRTH		(1)1100 0110 110147		17 I HEREE	BY CERTIFY, That I atte	(Day) (Year)
	le	10 77	100	Ostotes:	19 192/ to 900	ember 4, 1931
0.0000	(Month)	(Day)	(Year)	that I last saw h	Nalive on Slove	ruber 4, 1927 L.
7 AGE			fLESS than	and that death occu	urred on the date stated	above, at 3 Q. m.
N N	2 11	/ 4 .	l dayhrs.		ATH * was as follows:	
/-	J yrs. H	mos. / 3 ds.	or min.?	SIsan	gulatel !	my
(a) Trade, profess	ion or 2	1.	/_		<u> </u>	***************************************
particular kind of	work	louseway		40************************************		
(b) General nature business, or establi					(Duration)	yrs. mos de.
which employed or	(employer)	•••••••		Contributory	(Oberations	1 1
9 BIRTHPLACE (State or country)	mor	gland		Secondary		
10 NAME OF	MP	T.		(A)	(Duration)	
FATHER /	Thomas	s song		(Signed)	Elb:	M. D.
OF FATHER	haras				(Address)	
Z (State or coun	try) / nor	7 cours	a	Violent Causes, Accidental, Suicida	Disease Causing Death, state (1) Means of Inj	ury and (2) Whether
12 MAIDEN NAM	Muller	eit Che	en llee	18 LENGTH OF R	ESIDENCE (For Hospit	als, Institutions, Trans-
13 BIRTHPLACE	10		-	At place	(esidents)	
OF MOTHER (State or Coun	try) Mor	ey laur	~	of deathyrs	mosds. State	yrsds.
14 THE ABOVE IS TH	UE TO THE BEST	OF MY KNOWLE	OGE	Where was disease con if not at place of de	ntracted, clean	L
(Informant)	Gelove	r James	rey	Former or usual residence	ц	
(Address)	Elkle	is, md 1	905	19 PLACE OF BURI	Heil Centery	north 1931
15 Filed Zav	6 1936	mul 6	Bayas	20 UNDERTAKER	hemalky	Celklin me
1f	more branks are	needed, address St	ate Registrar	, 16 W. Saratoga St.,	, Belto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on carbolic acid-probably suicide. The nature of the injury, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.--Every Item of information should be carefully supplied ACE should be stated ACTLY, PHYSI-CIANS should state CAUSE OF DEATH in pigin terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMAN

No. I

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PLACE OF DEATH County Club County Club Registration Dist. No. St.: Ward) For Street of City Ward Dist. No. For Street of Street o		3030
Village or City **Registration Dist. No. 9/ St.: Ward) (If death occurred a hospital crimitation, give Its AMRE 2FULL NAME **Mark Elizabeth** **PERSONAL AND STATISTICAL PARTICULARS 3 SEX **A COLOR OR RACE **SINGLE, MARRIED, WIDOWED, Surgic Workers Widowers,	PLACE OF DEATH	STATE OF MARYLAND
Village or City Chesqual Cigo. St.: Ward (If death occurred a hospital crimster institution, give Ira NAME a hospital crimster institution, give Ira NAME a hospital crimster institution, give Ira NAME and the street in number.) PERSONAL AND STATISTICAL PARTICULARS 3 SEX	County excl	② CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE S SINGLE, MARRIED, WISOWED, WINDOW, WISOWED, WISOW		Registration Dist. No. 9/
SEX 4 COLOR OR RACE White White White Warried ACOUNTIES CHOOK OR BONGRED (Write the word) 7 AGE 192 TAGE White Who 12 1931 Thereby Certify, That I attended the deceased from I alive on and that death occured on the date stated above, at 192 that I last saw h alive on and that death occured on the date stated above, at 192 The CAUSE OF DEATH was as follows: The CAUSE OF DEATH was as as follows: The CAUSE OF DEATH was as follows: The CAUSE OF DEATH was as as follows: The CAUSE OF DEATH was as follows: The CAUSE OF DEATH was as follows: The CAUSE OF DEATH was as follows: The CAUSE OF DEATH was as follows: The CAUSE OF DEATH was as follows: The CAUSE OF DEATH was as as follows: The CAUSE OF DEATH w	2 . 51.	tion, give Its NAME irestead of street and
S SEX 4 COLOR OR RACE White White Where OR DIVENCED (Write the word) 17 1 HEREBY CERTIFY, That I attended the deceased from and that death occured on the date stated above, at 192 that I last saw h alive on and that death occured on the date stated above, at 192 TAGE OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 15 IN A STATE OF DEATH WORKED (Month) (Day) (Year) 16 DATE OF DEATH WONTHER (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from that I last saw h alive on and that death occured on the date stated above, at 192 that I last saw h alive on and that death occured on the date stated above, at 192 (Month) (Day) (Year) 16 LESS than I day Committed the deceased from the date stated above, at 192 (Month) (Day) (Year) 16 LESS than I day Committed the deceased from the date stated above, at 192 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from the day occured on the date stated above, at 192 (Month) (Day) (Year) 18 LEAST OF DEATH Which employed or (employer) (Duration) yrs mos. (Signed) (Duration) yrs mos. State the Disease Causing Peach, or, in death from the deceased from the date stated above, at 192 (Signed) (Duration) yrs mos. (Signed) (Dur	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED Surgices (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (Day) (Year) 18 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (Day) (Year) 19 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 19 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 19 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attended the deceased for the stated above, at Month (No. 192) (Year) 10 I HEREBY CERTIFY, That I attend	3 SEX 4 COLOR OR RACE 5 SINGLE,	
17 I HEREBY CERTIFY, That I attended the deceased from 192 that I last saw halve on 192 that I last saw halve on 192 and that death occurred on the date stated above, at 192 and that death occurred on the date stated above	MARRIED, Sendi	Nor 12, 1921
(Month) (Day) (Year) That I last saw h alive on 1920 and that death occured on the date stated above, at 1920 and that death occured on the date occured on the date stated above, at 1920 and that death occured on the date stated above, at 1920 and that death occured on the date stated above, at 1920 and that death occured on the date occured on the date occured on the date occured on the d		17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than day 6 hrs. The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry (c) General nature of industry (d) General nature of industry (d	no- 12 ,931	
Iday 6 hrs. Iday 6 hrs. The CAUSE OF DEATH * was as follows: Iday 6 hrs. Ida		that I last saw halive on192
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) I BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) A BIRTHPLACE OF MOTHER (State or country) A	7 AGE [If LESS than	and that death occured on the date stated above, at
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(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (Ntate or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Signed)	(a) Trade, profession or	
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Signed) Signed Contributory Secondary C	business, or establishment in which employed or (employer)	(Duration) yrs mos ds
Signed State of country (Signed) State of Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signed) State of Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traffents or Recent Residents) At place of death yrs mos ds State yrs mos where was disease contracted, if not at place of death?		Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 15 BIRTHPLACE OF MOTHER (State or country) 16 CAddress) 17 (Address) 19 (Address) 19 (Address) 19 (Address) 10 Lettor 2 Local Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailents or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death?	I 10 NAME OF	Altern 4631
OF FATHER (State or country) Note: OF FATHER (State or country) Note: OF MOTHER (State or country) OF MOTHER (State or country) Note: N		11/10 - 5051- 201
OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE OF MOTHER (State or death yrs mos ds State yrs mos mos ds State yrs mos ds fin the of death yrs mos ds State yrs mos mos mos mos ds State yrs mos mos mos mos mos mos mos mos mos mo	0)	*State the Discase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether
At place of death yrs mos ds. State yrs mos mos ds. At place of death yrs mos ds. State yrs mos mos mos mos mos mos mos mos mos mo	d OF MOTHER China Mo Holl	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
(State or country) Where was disease contracted, if not at place of death?	OF MOTHER Med	At place in the
	(State or country)	Where was disease contracted,
A transport of the state of the	Africa P Paris	Former or
(Informant) Cheraficale Cil- and Cherafic Part Pharms Part Md. 90-13.	(Informant)	
15 Filed 11/13 1931 B.H. Brawn 20 UNDERTAKER 1 Jun 1855 1 P.	15 Filed 11/13 1931 B.H. Brawn	20 UNDERTAKER JAMA COLOMBESS
If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.		Aury or fur purpose any

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). should be used only when needed. As examples: (a) additional line is provided for the latter statement; if cupation is very important, so that the relative health state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serunt, Cook, en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an sary to know (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Furner or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, Statement of Occupation-Precise statement of ocwhatever, write None. report specifically the occupations of persons enet ... Farm Foreman, For many occupations a single word or term on (b) Cotton mill; (a) At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, Locomotive For persons who have no occupation laborer, Laborer-(b) Automobile factory. The the kind of work and also (b) the Salcsman. -Coal minc, etc. (6) material engincer, Grocery, Wom-

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is *Epidemic cerebrospinal menin; itis"); *Diphtheria* (avoid use of "Croup"); Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia,")

stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory. carbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage "(Inanition," "Marusmus,
"(Iruemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary Chronic interstitial nephritis, unqualified, is indefinite); Two reulosis of lungs, mon-(Recommendations on statement of cause of American Medical Association.) approved by Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) "Congenital," "Senile,"
"Heart failure," Committee on Nomenclature Chronic vulrular heart disease; and consequences (e. g., sepsis, affection etc. "," etc.), "Dropsy,", "Ilaemorrhage, The contributory ." "Convulsions, need not

If this certificate is looked over thoroughly and all questions answered in derail, it will provent further correspondence. A it he data is essential and must be obtained before the certificate is permanently filed.

DEC 2

Exact statement of OCCUPA.

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

-WRITE PLAINLY

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-MARGIN RESERVED FOR BINDING mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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- 65	-	4255	C.C.	

1. PLACE OF	DEATH			1973		
County	Cecil			Registration Dist. No.	96	
Village or City	Veterans' A	d min i str	ation Hospi	Italno. Perry Point, Md. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward	
Length of reside	nce in city or town where	death occurred	4 yrs. 4 mos	s. 30. ds. How long in U.S. if of foralgn birth?yrsm	os ds.	
2. FULL NAM	E LEEDY,	Ed	ward X	CC-468 980		
(a) Residence	: No. Bailmad	Avenue, (Usual place	Bluefield,	VSL, Ward. If nonresident give city or town and	l State	
PERSONA	L AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
male	4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH No vember 11 (Month) (Day)	, 193. 1 (Year)	
5a. If marriad, widowed HUSBAND of						
(or) WIFE of	Single			22. I HEREBY CERTIFY, That I attended June 12		
6. DATE OF BIRTH (m	ontar, day, and year,	arch 189		I last saw h.im alive on November 11, 19.3]		
7. AGE Years		Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7:58P.sn. The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
35	1	~ ===	or min.	were as follows:	Date of onset	
8. Trade, profession kind of wor SAWYER, B		Laborer		Lobar Pneumonia.	o days	
	sinass in which			That I a last it is a fine		
work was dona, as SILK MILL, SAW MILL, BANK, etc.				Tractured former oustained in a fall.		
10. Date decaasad last worked at this occupation (month and spant in this occupation)			ime (years)	at Veterans administration Thoughtal.		
year)	OTTRI DATA	000	upation	Other Contributory Couses of importance:		
	or town) Tasvil	le Co.,	va.	Encephalitis Lethargica, chronica.	1926	
(State or country				Fracture of left femur	11-3-31	
I	. L. Leedy					
14. BIRTHPLACE (city or town) Virginia				Name of operationNone		
(State or co		0.10		What test confirmed diagnosis? Was there an	autopsy?_NQ_	
15. MAIDEN NAME Nan Burton,				23. If death was due to external causes (VIOLENCE) fill in also the following		
16. BIRTHPLACE (c	city or town) Virgountry)	inia	• • • • • • • • • • • • • • • • • • • •	Accidant, suicide, or homicida? Data of injury Where did Injury occur?		
17. INFORMANT (Addrass)	Hospital Rec	ords	*	(Specify city or town, county end Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL MO	e) ACE,	
18. BURIAL, CREMATIO				Mannar of injury		
	11 .00.,	Date NOV	14 , 19 31	Nature of Injury		
	Madison Mi	tchel 1,	hell lavre de	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED ZOOL.	Grace Md	reser. T	Morrison appRegistrar.	(Signed) F. E. LESLIE, Medical Officer (Address) Perry Point Vo.	M.D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:.

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy ·	1 week ago	
Chronic interstitial nephritis	1921 ·	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year	
\$ 66 P				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PI

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No. 1. vi

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1	U	V	U	7 4

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. .. Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

² FU	LL NAME V LON	ia Nelson d	evis	number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
8 SEX	4 COLOR OR RACE	E 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month)	uhu 30 , 1931(Year)
6 DATE OF BI	RTH	The state of the s	17 I HEREBY CERTIFY, That I	
	200	1 2	DC., 28 1930, to	1. 1.0
	/va	, 1.85.3	that I last saw h Lam, alive on O	what 27 , 192)
7 AGE	(Month		and that death occurred on the date at	ated above, at 2m.
	20 0	If LESS than	The CAUSE OF DEATH AS ween as follows	s:
	/8yra8	mosds. or min. ?		1, was dead when I same
8 OCCUPATION	D 1		Cerebral Thermone	0
particular kin	ofession or Retri	ed.	(B 4 10)	٥
	establishment in	1000		
	yed or (employer)	i. K. Employee	(Duration)	yrsmosda,
9 BIRTHPLACI	E country)	0	Contributory arleris - A	eluosu
(rente vi	May	gland	, (Duration)	yrs/.mosde
10 NAME FATHE		8.	(Signed) S. Burtin Pe	arson M.D.
;	James	airis	2	1 100
OF FA	THER	0	*State the Disease Causing Der	
(State	or country) / Na	ryland	Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
OF MO		had +	18 LENGTH OF RESIDENCE (For Ho	spitals, Institutions, Trans-
13 BIRTH	PLACE	n carrel	lents, or Recent Residents)	
OF MO	THER or country)	and and		the tate,yrsmosda.
H THE ABOVE	IS TRUE TO THE B	EST OF MY KNOWLEDGE	Where was disease contracted,	
(Informant)	hus. mu. f	le lay	Former or usual residence	
		-	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	ess) 6 l	Alm med.	Elkton Cemetery	Dec 3 .31
Filed 7. 2	C 13 192/	Baus (Buston)	26 UNDERTAKER W. Pishiel	ADDRESS Elkton MJ
	If more blanks are no	ecded, address State Registrar.	16 W. Saratoga St. Balto. Requesting	V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). state occupation at beginning of illness. If retired from or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealwhatever; write None. business, that fact may be indicated thus: Farmer (re household only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques (a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of eupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Carchrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Nomenclature of the American Medical Association.) head, of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and consediseases resulting from childbirth or misearriage as can be ascertained as the eause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal ment of eause of death approved by Committee on quences (e.g., scpsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State eause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origiu; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), heart discase; (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
. 0	· · · · · · · · · · · · · · · · · · ·
County Cecil	Registration Dist. No.
Village or City Curing dun	No. St, Walf death occurred in a hospitat or institution, give its NAME instead of street and number)
69.	s, 17 ds. How long in U.S. N of foreign birth?yrsmos
2 FINE NAME O. 41 Mar.	. 00
2. FULL NAME James Hanny Maxin	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH WS 28 1933/ (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of North, Swett, In shael	22. I HEREBY CERTIFY. That I ettended deceased from 26 1931 to lww. 28 1931
0 + 1 /11 - 110	last saw herin alive on wor 27 193/ ; death is s
AGE Years Months Days If LESS than	to have occurred on the dete stated above, et \$30 A.m.
8 9 / / 7 Iday,hrs.	
or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer	tural artinosteriosis auto
9. Industry or business in which	-
work was done, as SILK MILL, SAW MILL, BANK, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
ρ 0	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country) Mary land	
C- interpret	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
110000	What test confirmed diagnosis? Was there en autopsy? ?
	23. If death was due to external causes (VIOLENCE) fill in etso the following:
16. BIRTHPLACE (city or town) Rising Survey (State or country)	Accident, suicide, or homicide?, 19, 19, 19
(State of county)	Where did Injury occur? (Specify city or town, county and State)
, INFORMANT / / ary L. Marsell	Specify whether Injory occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) B. BURTAL, CREMATION, OR REMOVAL	
PlaceWest Arther shame Alex 1 1931	Manner of Injury
187.	Neture of injury
9. UNDERTAKED LG. Jyzgn!	24. Was disease or injury in any way related to occupation of deceased?
(Address) Augustum. And,	tf so, specify 73 54.094
0. FILED Registrar.	(Signed) 19, 10 west South South

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	A-7	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	- 1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OCCU

Jo

STATE OF MARYLAND—CERTIFICATE OF DEATH County Ce cil Registration Dist. No. Village or City Elston No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred yrs. Mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. The property of the					
(a) Residence: Nø(Usual place of abode)	St., Ward. If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
8. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Single Single	21. DATE OF DEATH Hoverber 25, 193/ (Month) (Day) (Year)				
HUSBAND of (or) WIFE of 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	1931, to November 25, 1931; death is said to have occurred on the date stated above, at 10450 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
8. Trade, profession, or particular kind of work done, as SPINNER, Advanced by SAWYER, BOOKKEEPER, etc. Ladustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	bladole, and auto- intolication, caused 1873 by paralysis of bladoler whe kersitating users a athety for Other Contributory Course of importance:				
12. BIRTHPLACE (city or town) Ce ciltori (State or country) many land 5 13. NAME John Mindith	gun shot wound with a bird shot impacled in spinal cord 1873				
14. BIRTHPACE (city or town). Cecilton (State or country) manyland 15. MAIDEN NAME Rachel Pope 16. BIRTHPLACE (city or town). Blackston	What test confirmed diagnosis? X Was there an autopsy? 20 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?				
(State or country) Delawore 17. INFORMANT wise class Meredith	Where did injury occur? Cecil Co. Maryland (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				

19. UNDERTAKER (Address) Registrar.

Manner of injur Natura of injury

24. Was disease or injury in any way related to occupation of deceased If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREAU-V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

S. No. 1

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Dato of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Per i tonitis	3 days ago	
Other contributory causes of importance; Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
· ·				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDIN WRITE PL V-S. No. 1

1PLACE OF DEATH	STATE OF MARYLAND
County Cecil	
County. County.	Registration Dist. No. 92
Village or City Ceklow, (No.	Sa. Maraja (If death occurred i
2FULL NAME Bely Now	a hospital or institu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrele what (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CENTIFY, That I attended the decembed from 192 to Dr. 4 192 that I lest saw h alive on NOV 197 192
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at 10.340 m. The CAUSE OF DEATH * was as follows:
yrsds. ormin.? 8 OCCUPATION (a) Trade, profession or particular kind of work	Prenabul Bull
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country) Mosyland	Contributory Secondary Defration yrs mos de
10 NAME OF Paymond Nowland	(Signed) M. D. M. D. M. D.
OF FATHER (State or country) Mosy land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Wallace	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Many lacel	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Raymond Rowland (Address) Celfelow md	usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov G 198 / Bouls Days	1. D. Clemante Celklin M.
If more books are needed, address State Registrate	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menlelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainapproved by Committee on American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD NLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDIN WRITE PL

V. S. No. 1

N. B.-

PLACE OF DEATH	STATE OF MARYLAND
County teres	CERTIFICATE OF DEATH
· O HOYMIN GOXPORAT	Registration Dist. No. 92
Village or City Celklon, (No	St: Ward) (If death occurred in a hospital or institu
2 FULL NAME Baby Robe	tion, give its (VAIVIE 1)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeusle Whate Single, Married, Wildowson Or Divorced (Write the word)	16 DATE OF DEATH November 20, 199/
mov. 20, 1931/ 10 days	I HEREBY CERTIFY, That I attended the deceased from 192, . to 192, . to 192,
(Month) (Day) (Year)	that I last say h le alive on
7 AGE [If LESS than	The state of the s
yrsds. orin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	tremature Buth
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 0/2 ds
9 BIRTHPLACE (State or country) Estilory	Contributory Secondary Unfaitory yre mes de
10 NAME OF Marion / Roberto	(Signed) M. D
OF FATHER (State or country) Many Carel	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Rutto Jowler	Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of des.h?
(Informant) Moseine Roberto	Former or usual readence.
(Address) Eckleri, med	6/16 low Country Dec. 1, 1931
Filedor 30 1923/ Back Brack	appress Celevisity Certer no
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as any laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY Chronic valvular heart disease; Example: Measles (disease etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

PLACE_OF DEATH	13038
Pa - A	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
Gallon and the sound	Registration Dist. No. 92
Village or City CellCloro (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Mary Lausia	Schniedess a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Funde Whate Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH NOV. 5 , 193 / (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her slive on her 5 198/
7 AGE If LESS than	, 20 7
I day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
yrs ds. ormin.?	acuta gastritio
(a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds,
9 BIRTHPLACE (State or country) Mary land	Contributory
FATHER Benard & Schnickers	(Signed) (Signed) M. D.
II BIRTHPLACE OF FATHER Z (State or country) //slovesex	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Mariox Biddle	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Mosy Carel	ients or Recent Residents) At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Maximu Biddle	Former or usual residence
(Address) Elklory Jud, PR	Callelia Cemetery 200 5, 131
Filed Nov 6 1931 Bank Bayo	1. I address
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanum as way laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material whatever, write None. household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory Nomenclature of the

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	1PLACE OF DEATH	
1	County Cecel	
Vil	llage or City Calvert (N	0
	2FULL NAME Lanie	20/
	PERSONAL AND STATISTICAL PA	ARTICU
-	male White Write	IED, Y
6 0	DATE OF BIRTH April (Conth)	2 <i>9</i> (Day)
7 A	AGE	
	84 yrs. 6 mos.	8 ds
1000	(a) I rade, profession or particular kind of work (b) General nature of industry (c) Dusiness, or establishment in	ne
	which employed cr (employer) BIRTHPLACE (State or country)	
	10 NAME OF Laber Je	ie
NTS	11 BIRTHPLACE OF FATHER (State or country) Versure	-a
PARE	OF MOTHER Trances	ME
	13 DIRTHFLACE OF MOTHER (State or country) Vergue	- ie
	THE PERSON OF MY	16 - 0 - 444

(Informant)

ARS

(Year fLESS than

I day hrs or min. 13039

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ter Jic	St.:	Ward)	tion, give	occurred in ir institu- its NAME ii - street and
MED:CA	L CERTIF	ICATE O	F DEATH	
16 DATE OF DEATH	7	w	11	10.7 1
*		onth)———	-(Day)	, 19 3
1 HEREBY				leceased from
July U		10 Eres		, 1991.
that I last saw h			8	19g [.
			· · · · · · · · · · · · · · · · · · ·	7500
and that death occure	d on the da	ate stated a	bove, at	7m.
The CAUSE OF DEATH	H * was as	follows:	_	
metral 1	Egren	stutos		*******
	1			
00000000000000000000000000000000000000				(
***************************************	***************************************	an	11	mes)
	(Du	ration)	yrs	mosds.
Contributory	***************************************	***************************************		
	(Du	ration)	yrs	mosds.
(Signed) # 13 A	lice			M. D.
1.1.2 // 5		P	die	220
194.4	. (Address)			- Stanform
*Stte the Dis Violent Caus s, sta Accidental, Suicidal c.	te (1) Me	ng I'eaph, ans of lnj	or, in de ury and (2) whether
18 LENGTH OF RES	IDENCE (F	or Lospit	.ls, Institu	tions, Trans-
ients or Recent Res	idents)			
At place of death	sds.	In the State	уга	mosds.
Where was disease contra if not at place of death	cted,			7-01-00
Former or usual residence	<u> </u>			
19 PLACE OF BURIAL		AL	DATE OF	BURIAL
Trick Our	ma Pro	mus	nov.	4.131
2) UNDERTAKER	par	vest -	ADDRESS	
OPROSE	72	me	(e.Lo	d 12

Et., Balto., Requesting V. S. No. A.

V. S. No. 1

CIA

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement : it sary to know (a) the kind of work and also (b) the guged in domestic service for wages, as Servant, Cook, Spinner, should be used only when needed. As examples: (c) nature of the business or indistry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary streman, et. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseon at home, who are engaged in the duties of the Never return 'Laborer,""Foreman," "Manager," "Dealworked on may form part of the second statement the first line will be sufficient, e.g., Fermer or Planter, cupation is very important, so that the relative health Statement of Occupation Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm loborer, Loborer-(b) Cotton mill; (a) Salesman. (b) Gracery; man, (b) Automobile factory. The material without more precise specification as Doy For persons who have no occupation -Coul mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E amples: Corebrogue (the only definite synonym is "Didenic Cerebroguial meningitis"); Diphtheria (avoid use of "Choup"), Typhoid fewer (never report "Typhoid Pneumonia".

BUREAU

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Corcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, OF HOMECI'A .. "PUERPERAL seplicaemia," "PUERPERAL peritonilis, diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., selsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Whooping American Medical Association.) approved telanus) may be stated under the head of "contributory Recommendations on statement of cause of Never report mere symptoms or terminal condiby cough, Committee on Nomenclature Chronic etc. The contributory affection need valvular heart disease; not be death

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MARGIN RESERVED FOR BINDING

V. S. No. 1

		DEATH						01
	County					Registra	ation Dist. No	2,
	Village or Ci	ty Elkti	n			curred in a hospital or institution, give its ?		
	Length of resid	TE Essa	ere death occur	Vail	nos.	ds. How long in U.S. if of foreign birt	h?yrs	mosds.
	(a) Residence	e: No			St.,			
				ual place of abode)			sident give city or town a	nd State
	PERSON			PARTICULARS	04 10	MEDICAL CERTIFIC	ATE OF DEATH	
3. SEX	uale	4. COLOR OR RACE	OR D	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. 0	ATE OF DEATH NOT.	(Day)	, 193. (Year)
HE	narried, widowe ISBAND of r) WIFE of	d, or divorced w	Thom	to Cail	22.	I HEREBY CERT	21	ed deceased from
6 DATI	F OF RIPTH (north, day, and year)	Time	2 185	7 I last		~ (\ 19 3	/_: death is said
7. AGE	Year		D	ays If LESS than	to hav	e occurred on the date stated above, at	1030 Pm.	
	74	4	5 1	2 1 day,h	6 1110 T	RINCIPAL CAUSE OF DEATH and relate	d causes of importance	
8.	Trede, profess kind of we SAWYER	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	at 2	lome	Q	rebrol opople	77	Date of onset
kind of work done, as SPINNER. A Thomas SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)								
10.	Date decease	d last worked at ation (month and	11	1. Total time (years) spent in this occupation				
2. BIR	THPLACE (city	7	uto	r	Other	Contributory Causes of mportance:	4.6	
-	(State or coun		ger.	rey		nephitis		1929
13. 14.	NAME &	weh	Mof	f-1				
14.	BIRTHPLACE			0	Name	ef operation	Dete of	
-	(State or o	country)	ng to	- F	What	est confirmed diagnosis?	Was there a	n autopsy?
16.	MATDEN NAM	(city or town) 200	lug	formation		eath was due to externel causes (VIOLEN ent, suicide, or homicide?		•
∑ 17. INF	(State or ORMANT 2n	country) 22	is all	lexaudu		did injury occur?(Specify y whether injury occurred in INDUSTRY,	city or town, county and S In HOME, or in PUBLIC	tate) PLACE.
	(Address)	Elkton	v 72	rh.				
18. BUR	Plece EL	ON, OR REMOVAL	tuy Dete	nw 17 ,19.3	/	er of injurye of injurye	***************************************	
19. UNI	DERTAKER -	of with	noth	iu"		s disease or injury in any wey related to	occupation of deceased?_	24
20. FILI	7,	16. 1931	Tran	1 Bruga		Signed) Striber	+ Bales -	M, D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II		
The principal cause of dear of importance were as follows:	WS:	1 1	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DEC 3 1931		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	: BULEAU V	July 5, 1927	Peritonitis	3 days ago	
		A Committee of which or committee			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DE plnous Registration Dist. No. item Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? ______ vrs. _____mos. Every statement RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) widowed (Month) (Day) classified. 5a. If married, widowed, or divorced BINDIN HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 6 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months If LESS than Days stated FOR ... hrs. or nin. Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, be RESERVED 30 SAWYER, BOOKKEEPER, etc. back plnods may 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)
spant in this this occupation (month and that occupation instructions MARGIN 80 12. BIRTHPLACE (city or town) (State or country) plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) be carefully What test confirmed diagnosis?. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury___ CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE, plnods (Address) Menner of injury -WRITE mation Nature of injury. LION 24. Wes disease or Injury in any way related to occupation of deceased? S. No. (Address) If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND

. S No. 1

(Approved by U. S. Census : nd American Fublic Health / ss.ciation.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) Sulesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial emplo; ments, it is neces-Physician, Com, ositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, et: But in many tion applies to e ch and every person, irrespective ch fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an the first line will be sufficient, e g. . Farmer or Flanter, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-For many occupations a single word or te:m on For persons who have no occupation

Strtement of Cause of Death—Name, first, the DISEA I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E. amples: Cerebrospinal fe. or (the only definite synonym is "Epidemi cerebros inal meningitis", Eightheria (avoid use of "Croup"); Ty, hold fe. or (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

10 ds. Never report mere symptoms or terminal conditions, su has "Asthenia," "Anaemia" (mere'y symptomatic), "Atrophy." "Collapse," "Com2," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Ifaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondar/ or intercurrent) affection need not be st ted unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature carbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and quilify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VICLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

→	10010
1PLACE OF DEATH	STATE OF MARYLAND
County Clail	CERTIFICATE OF DEATH
	(43-C)
Village or City Elbten Ph (No.	Registration Dist. No
2 FULL NAME Mary a Vease	tlon, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Novimber 18, 7923/ (Mouth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	NOV. 10 1921. to 1/1 18 -, 1921.
(1000)	that I last saw hallive on & and 7 7 -, 192 (,
ii ELSS than	
53 yrs. 10 mos. 17 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	aure Tayoundi
(a) Trade, profession or	<i>U</i>
particular kind of work	
(b) General nature of industry business, or establishment in	1/-
which employed or (employer)	(Duration) yrs. mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF PATHER OF M.	(Signed) Jun M. D.
11 BIRTHPLACE	192 (Address) SAM
OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Mc Runney	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country).	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ralph Measy	Former or usual residence
1 -1 5 (+ 11 /	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / n oul Colo, Md	north East M. E Centry now 21, 1931
15 Filed Jon 19 19231 & Frank Jones	20 UNDERTAKER ADDRESS
Registrar	Joseph P Thank mich Cash of

If more bianks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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